



Presumptive Eligibility

Last Updated: March 2026



This training course provides an overview of the presumptive eligibility programs, the functions of the Indiana Health Coverage Programs Provider Healthcare Portal (IHCP Portal) related to becoming a qualified provider (QP), and presumptive eligibility enrollment for eligible applicants.

Agenda

- Presumptive Eligibility Overview
- Covered Benefits
- Qualified Providers (QPs)
- How to Become a QP
- Completing the PE Application
- IHCP Presumptive Eligibility Standards
- Other Resources
- Questions



Presumptive Eligibility Process Overview

What Is Presumptive Eligibility and Why Is It Important?

Presumptive Eligibility (PE) allows uninsured or underinsured individuals and their families to obtain temporary coverage quickly. They can get care immediately.

PE allows providers to be reimbursed for services covered by the benefit package provided immediately after PE approval.

During the PE period, the individual is able to receive treatment from other Indiana Health Coverage Programs (IHCP) providers. Presumptively eligible individuals must still complete a full application to determine eligibility for continued coverage.



Presumptive Eligibility for Inmates

The PE process also includes a subcategory for **PE for Inmates** to allow temporary coverage limited to inpatient hospital services only.



What Services Are Covered?

The specific PE benefit plan to which an individual is assigned is determined during the application process. Based on the criteria for various aid categories, individuals are determined to be presumptively eligible and assigned to benefit plans accordingly.

During an individual's PE period, the IHCP provides reimbursement for all services covered within the designated benefit plan.



Presumptive Eligibility Benefit Plans

- Presumptive Eligibility – Package A Standard Plan (PEPA)
- Presumptive Eligibility – Adult (HPE)
- Presumptive Eligibility Family Planning Services Only (PEFP)
- Presumptive Eligibility for Pregnant Women (PEPW)
- Medicaid Inpatient Hospital Services Only (PEIH)



Presumptive Eligibility Aid Categories

- Infants
- Children
- Parents/Caretakers (low-income parent/caretakers and those over the income limit may qualify for Adult PE instead)
- Former Foster Children
- Pregnant Women
- Family Planning
- Adult



NOTE: For more information about presumptive eligibility benefit plans and aid categories, see the [Presumptive Eligibility](#) provider reference module at in.gov/medicaid/providers.

Who Is Eligible for Presumptive Eligibility?

To qualify for **presumptive eligibility**, applicants must:

- Be a U.S. citizen, qualified noncitizen or qualifying immigrant with one of the following immigration statuses:
 - Lawful permanent resident immigrant living lawfully in the United States for five years or longer
 - Refugee
 - Individual granted asylum by immigration office
 - Deportation withheld by order from an immigration judge
 - Amerasian from Vietnam
 - Veteran of U.S. Armed Forces with honorable discharge
 - Other qualified alien



Who Is Eligible for Presumptive Eligibility? *(continued)*

To qualify for **presumptive eligibility**, applicants must also:

- Be an Indiana resident (Indiana address must be provided on the application)
- Not be currently enrolled in any IHCP program, including Healthy Indiana Plan (HIP) or conditional HIP status*
 - Medical Review Team (MRT) and Preadmission Screening and Resident Review (PASRR) coverage are the only exceptions
 - Individuals who recently applied for Medicaid but have not yet received a determination may apply for PE to cover services while an IHCP decision is pending
- Not be enrolled in Medicare
- Not be covered by a PE benefit plan, currently or within the past 12 months (or, if pregnant, not had PE coverage during the current pregnancy)*
- Not be currently incarcerated*
- Not be an adult (age 21–64) admitted to or residing in an institute for mental disease (IMD)
- Meet the income level requirements outlined in Table 1.0 (next slide), as well as any additional requirements specific to the applicable aid category (see the [*Presumptive Eligibility*](#) module).

**Requirements marked with an asterisk are not applicable for PE for Inmates.*

Presumptive Eligibility Income Standards

Table 1.0 Presumptive Eligibility Income Standards

Aid Category Description	FPL Limit
Infants	213%
Children (Ages 1-18)	163%
Parents/Caretakers	Converted to TANF limits (very low income)
Former Foster Care Children	No FPL Requirement
Pregnant Women	213%
Family Planning	146%
Adult	138%



Weekly Income: Should be multiplied by 4.3 to determine monthly income.



Biweekly Income: Should be multiplied by 2.15 to determine monthly income.



Income Limits: Are before taxes. An unborn child counts toward family size for pregnant women.



NOTE: The percentages in this table include a 5% income disregard. When completing a full application, the 5% income disregard will only be applied if an individual is otherwise eligible for the IHCP.

****if you have gross monthly income, please use that****

Presumptive Eligibility Covered Benefits

Presumptive Eligibility Benefits and Coverage Limitations

Presumptive Eligibility – Package A Standard Plan



Full-coverage benefit package – All IHCP-covered services

- Infants
- Children
- Parent/Caretaker
- Former foster children

Fee-for-service (FFS) delivery system

- Services can be furnished by any IHCP-enrolled provider

Presumptive Eligibility Benefits and Coverage Limitations

Presumptive Eligibility for Pregnant Women

Limited coverage for ambulatory pregnancy-related services

Examples of Covered Services

- Prenatal care, including pregnancy-related labs and prescription drugs
- Outpatient services
- Immunizations
- Transportation for pregnancy or emergency-related care
- Mental health
- Dental services

Examples of Services NOT Covered

- Inpatient care
- Labor and delivery
- Postpartum care
- Abortion services
- Sterilizations
- Hospice
- Long-term care
- Services unrelated to pregnancy or birth outcome

FFS delivery system

- Services can be furnished by any IHCP-enrolled provider

Presumptive Eligibility Benefits and Coverage Limitations

Presumptive Eligibility – Adult

Limited coverage mirrors the *HIP Basic* benefit plan.

Examples of Covered Services

- Ambulatory services, such as physician services
- Outpatient surgery
- Dialysis
- Emergency services
- Hospitalization
- Mental health and substance abuse
- Prescription drugs
- Rehabilitative services
- Lab and X-rays
- Preventive care
- Hearing aids

Examples of Services NOT Covered

- Dental services*
- Vision services*
- Bariatric surgery
- Treatment for temporomandibular joint (TMJ) disorder

**For 19- and 20-year-old members, one routine vision exam and one routine dental exam is covered per year.*

FFS delivery system

- Services can be furnished by any IHCP-enrolled provider

Presumptive Eligibility Benefits and Coverage Limitations

Presumptive Eligibility Family Planning Services Only

Limited coverage for services and supplies intended to prevent or delay pregnancy

Examples of Covered Services

- Sterilization services
- Annual family planning visit
- Oral contraceptives, including necessary related lab services
- Initial diagnosis of sexually transmitted diseases (STDs) or sexually transmitted infections (STIs)
- HIV screening
- Pap smear
- Limited history and physical exams

FFS delivery system

- Services can be furnished by any IHCP-enrolled provider

Presumptive Eligibility Benefits and Coverage Limitations

Presumptive Eligibility for Inmates

Coverage is limited to inpatient hospital services only through the FFS delivery system.

For more information, see the [PE for Inmates](https://in.gov/medicaid/providers) webpage at in.gov/medicaid/providers.



Qualified Providers (QPs)

Provider Types That Can be QPs for PE

Provider	Provider Type	Provider Specialty
Acute Care Hospitals	01	101
Federally Qualified Health Centers (FQHCs)	08	080
Rural Health Clinics (RHCs)	08	081
Psychiatric Hospitals	01	011
Community Mental Health Centers (CMHCs)	11	111
Certified Community Behavioral Health Clinics (CCBHCs)	11	623
County Health Departments	13	130
Family or General Practitioner*	31	316 or 318
Advanced Practice Nurse Practitioner*	09	093
Certified Nurse Midwife*	09	095
General Internist*	31	344
General Pediatrician*	31	345
Obstetrician or Gynecologist*	31	328
Family Planning Clinic*	08	083
Medical Clinic*	08	082



*Asterisks indicate providers that can be QPs for PEPW (for low-income pregnant women) only. Other QPs can make PE determinations for all applicable eligibility groups.

QP Requirements for Presumptive Eligibility

Federal Medicaid Regulations

- Hospitals and other QPs must participate as providers under the Indiana Medicaid State Plan or a demonstration under Section 1115 of the Social Security Act.
- The QP must notify the IHCP of its intention to make presumptive eligibility determinations.
- The QP must agree to make presumptive eligibility determinations consistent with state policies and procedures.



QP Requirements for Presumptive Eligibility

State Requirements

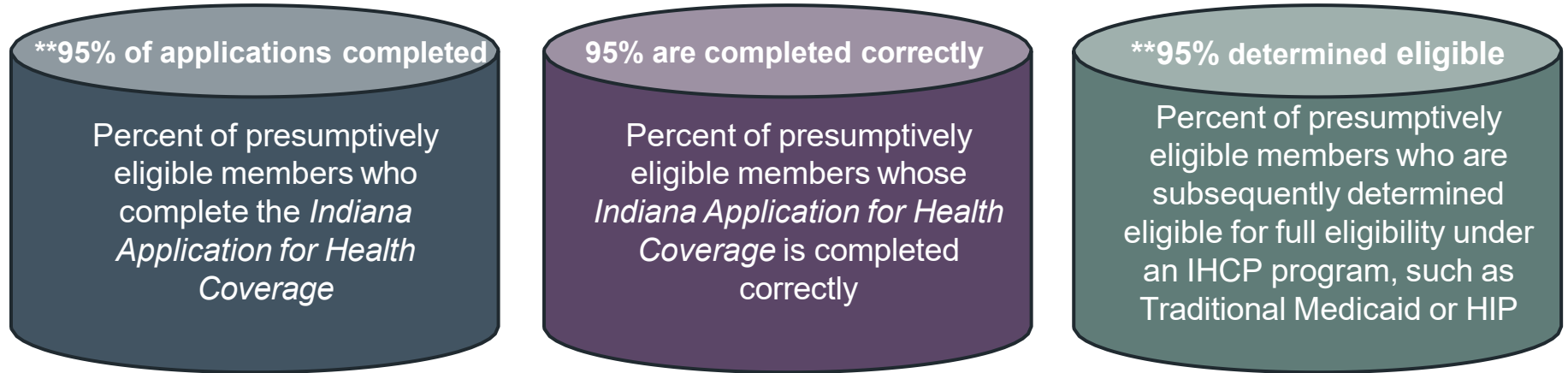
- QP must participate in presumptive eligibility IHCP Provider Healthcare Portal (IHCP Portal) training.
- QP must participate in presumptive eligibility training.
- QP must complete and submit presumptive eligibility QP attestations via the IHCP Portal.
- QP must encourage individuals to complete and submit a full *Indiana Application for Health Coverage*.
- Any person can help the applicant apply using the *Indiana Application for Health Coverage*; however, to receive additional information said person will need to be the authorized representative for the applicant.



QP Requirements for Presumptive Eligibility

Performance Measures

Specific performance measures for QPs are:



Completed correctly: Means reporting to the Division of Family Resources (DFR) all information such as member personal information, income and so on.

** Denotes the metrics that will be measured for compliance**

QP Requirements for Presumptive Eligibility

Presumptive Eligibility and Presumptive Eligibility Programs by Specialty Report

Specialty	Provider Name	Submitted	Approved	Denied	% Approved	% Denied	Full Medicaid Application Submitted	% of PE Members	Full Approved Applications	Full Denied Applications	Still Pending	% Approved (of those with a determination)	% Denied (of those with a determination)	% Still Pending
ACUTE CARE	Kingston Falls hospital- Mogwai location	100	70	30	42%	58%	50	71%	30	10	10	60%	20%	20%

When you review the report, it will be like this example. The yellow highlighted headers and percentages are the ones that count in the metrics. In the example Kingston Falls Mogwai location, it shows that 70 PE applications were approved and 50 of those had submitted the Full Medicaid application (equaling 71%). Of those 50 applications completed, 30 were approved, 10 denied, and 10 still pending.

QP Requirements for Presumptive Eligibility

An Indiana Medicaid application is completed when you submit the application form and all required supporting documents to the Division of Family Resources (DFR). This includes providing personal information like names, dates of birth, and Social Security numbers, as well as financial and residency documentation. When the application is completed, the DFR will process it to determine your eligibility, which can take up to 90 days.

An application can be completed in the following ways:

1. Online in the benefits portal : <https://fssabenefits.in.gov/bp/#>
2. In person at a DFR office. To find your local office visit <http://www.in.gov/fssa/dfr/2999.htm>
3. By phone: To apply by phone, call DFR at 1-800-403-0864.

Reminder: 95% of approved applicants must apply for Medicaid, and 95% of Medicaid applications are approved or not denied for being ineligible (noncompliance on the part of the applicant and duplicate applications will not count against the provider)

PE Metrics

The first evaluation quarter will be Q1 2026 (January-March)

If the performance measurements do not meet the 95% threshold, the following will occur:

1. The 1st time, your facility will receive a warning letter.
2. The 2nd time within 12 months, your facility will receive another warning letter and mandatory training.
3. The 3rd time within the 12 months, you will no longer be able to complete PE applications.

*****The metrics are reviewed quarterly. If you fail more than once in that quarter, currently it only counts as one fail. *****

Duplicate Member ID (RID) denials and noncompliance reason denials will be excluded from the metrics starting Jan. 1, 2026



NOTE: The appeals process is the same as any other provider appeal

How to Become a QP for PE

How to Become a QP

Eligible providers must affirm the following:

- That the organization understands and will abide by any published guidance regarding the performance of PE activities
- That the organization will not knowingly or intentionally misrepresent client information in order to inappropriately gain PE
- That the organization understands that all PE QP enrollment activities undertaken by this organization must be performed by an organization's employee or designee



NOTE: Enrolled QPs and their staffs may not perform PE determinations for other non-QP providers, such as physician groups or dentists.

Step 1

To become a QP, providers must first complete a prequalification process by updating the *Provider Maintenance Presumptive Eligibility* page in the IHCP Provider Healthcare Portal.

Using the IHCP Portal, a provider with an eligible provider type and specialty can update the *Provider Maintenance Presumptive Eligibility* page by following these instructions:

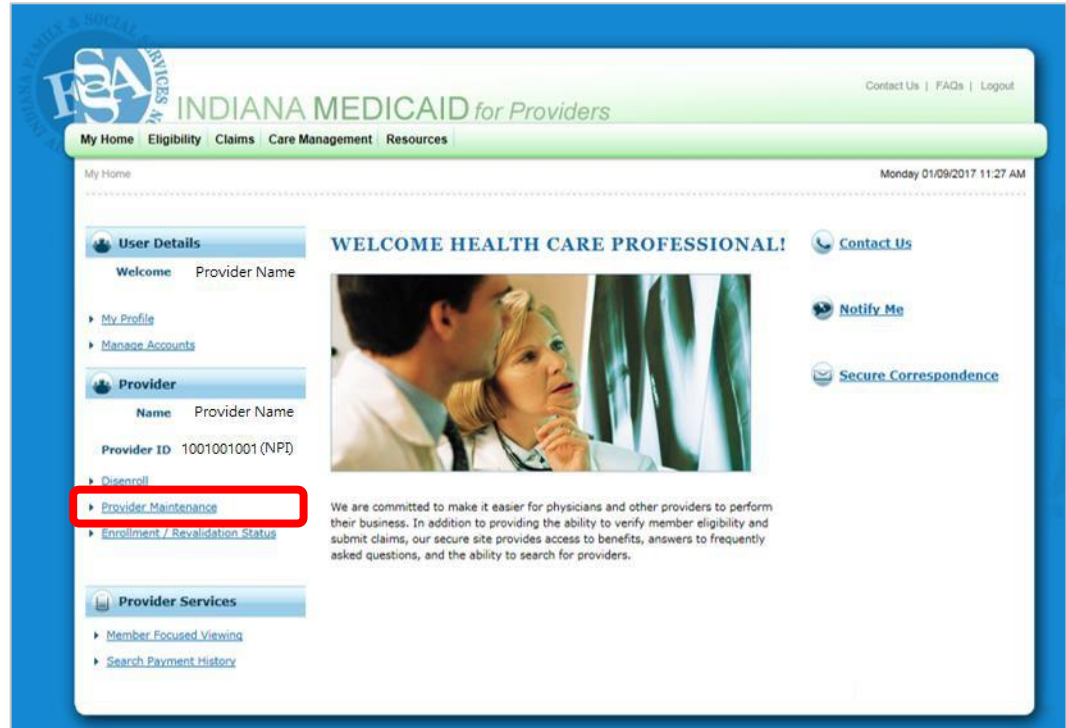
1. Log in to the IHCP Portal.



Step 2

Completing the prequalification process using the IHCP Portal:

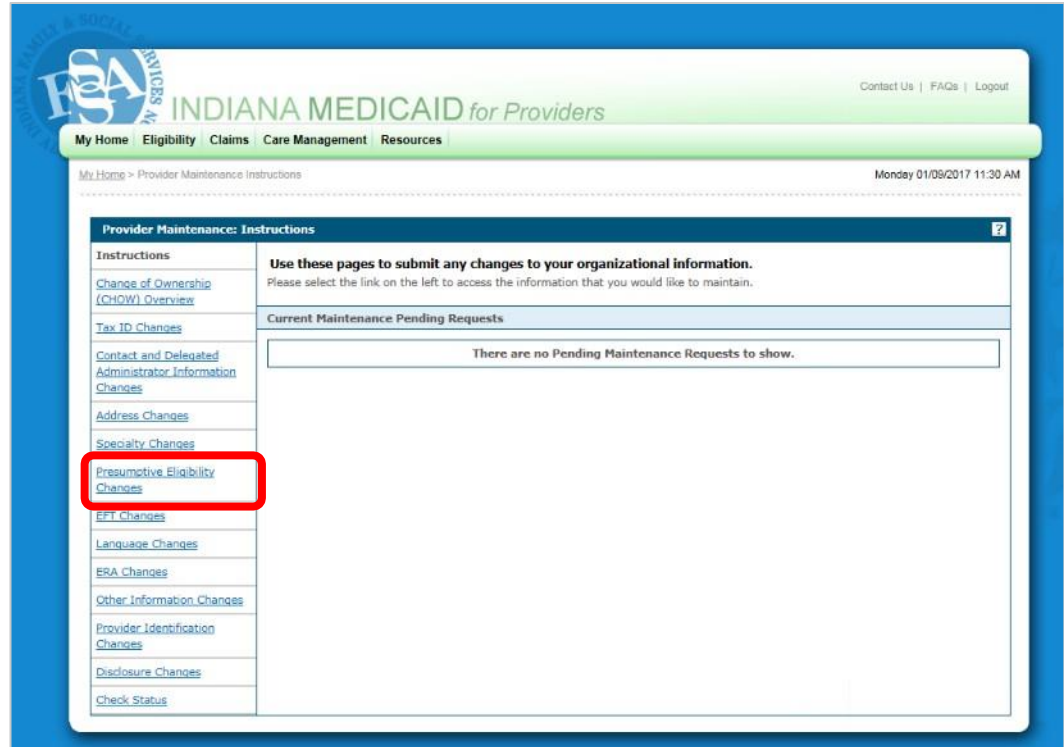
1. Log in to the IHCP Portal.
2. On the *My Home* page, click **Provider Maintenance**.



Step 3

Completing the prequalification process using the IHCP Portal:

1. Log in to the IHCP Portal.
2. On the *My Home* page, click **Provider Maintenance**.
3. Click **Presumptive Eligibility Changes**.



Step 4

Completing the prequalification process using the IHCP Portal:

1. Log in to the IHCP Portal.
2. On the *My Home* page, click **Provider Maintenance**.
3. Click **Presumptive Eligibility Changes**.
4. Read the information and answer the three questions using the radio buttons.



NOTE: Depending on the provider's type and specialty, the provider will see either the Presumptive Eligibility panel or the Presumptive Eligibility for Pregnant Women panel.

Presumptive Eligibility

Presumptive Eligibility (PE) is a limited period of time during which an applicant, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for services applicable to their approved eligibility program.

A QP must have a Provider Agreement with the Office of Medicaid Policy and Planning (OMPP).

The PE patient enrollment process will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free Adobe Acrobat Reader installed. You can get the latest version of Adobe Acrobat Reader from the [Web Tool Kit](#).

Training must be completed prior to your enrollment being activated. [Click here to view PE training materials](#) Indianamedicaid.com.

You have been identified as a potential Pre-Qualified Provider. Please answer the following questions if you would like to begin the qualification process.

*I affirm that this organization understands and will abide by any published guidance regarding the performance of Presumptive Eligibility activities. ☒ Yes ☐ No

*I affirm that this organization will not knowingly or intentionally misrepresent client information in order to inappropriately gain presumptive eligibility. ☒ Yes ☐ No

*I affirm my/our understanding that all PE enrollment activities undertaken by this organization must be performed by an organization's employee or organization's designee. ☒ Yes ☐ No

*Contact Name *Contact Email

I would like to terminate my PE Qualified Provider status: ☐

[Submit](#) [Cancel](#)

Presumptive Eligibility for Pregnant Women

Presumptive Eligibility for Pregnant Women (PEPW) is a limited period of time during which a pregnant woman, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for ambulatory prenatal services.

Note: Inpatient care, delivery services and services unrelated to the pregnancy or birth outcome are not covered under PEPW.

The PEPW patient enrollment process will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free Adobe Acrobat Reader installed. You can get the latest version of Adobe Acrobat Reader from the [Web Tool Kit](#).

You have been identified as a potential Pre-Qualified Provider. Please answer the following questions if you would like to begin the qualification process.

*Are you able to provide outpatient hospital, rural health clinic, or clinic services as defined in sections 1905(a)(2)(A) or (B), 1905(a)(9), and 1905(1)(1) of the ACT? ☒ Yes ☐ No
[Read More](#)

*Are you able to verify pregnancy via a professionally administered pregnancy test? ☒ Yes ☐ No

*Do you have internet, printer, telephone and fax access? ☒ Yes ☐ No

*Contact Name *Contact Email

I would like to terminate my PEPW Qualified Provider status: ☐

[Submit](#) [Cancel](#)

Step 5

Completing the prequalification process using the IHCP Portal:

1. Log in to the IHCP Portal.
2. Click **Provider Maintenance**.
3. On the *My Home* page, click **Presumptive Eligibility Changes**.
4. Read the information and answer the three questions using the radio buttons.
5. Provide the name and email address of the individual responding to the questions.

Presumptive Eligibility

Presumptive Eligibility (PE) is a limited period of time during which an applicant, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for services applicable to their approved eligibility program.

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*I affirm my/our understanding that all PE enrollment activities undertaken by this organization must be performed by an organization's employee or organization's designee. ☒ Yes ☐ No

*Contact Name *Contact Email

I would like to terminate my PE Qualified Provider status: ☐

[Submit](#) [Cancel](#)

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The PEPW patient enrollment process will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free Adobe Acrobat Reader installed. You can get the latest version of Adobe Acrobat Reader from the [Web Tool Kit](#).

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*Are you able to provide outpatient hospital, rural health clinic, or clinic services as defined in sections 1905(a)(2)(A) or (B), 1905(a)(9), and 1905(1)(1) of the ACT? ☒ Yes ☐ No

[Read More](#)

*Are you able to verify pregnancy via a professionally administered pregnancy test? ☒ Yes ☐ No

*Do you have internet, printer, telephone and fax access? ☒ Yes ☐ No

*Contact Name *Contact Email

I would like to terminate my PEPW Qualified Provider status: ☐

[Submit](#) [Cancel](#)

Step 6

Completing the prequalification process using the IHCP Portal:

1. Log in to the IHCP Portal.
2. Click **Provider Maintenance**.
3. On the *My Home* page, click **Presumptive Eligibility Changes**.
4. Read the information and answer the three questions using the radio buttons.
5. Provide the name and email address of the individual responding to the questions.
6. Review the information for accuracy and click **Submit**.

Presumptive Eligibility

Presumptive Eligibility (PE) is a limited period of time during which an applicant, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for services applicable to their approved eligibility program.

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Training must be completed prior to your enrollment being activated. Click here to view PE training materials [Indianamedicaid.com](#).

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*I affirm my/our understanding that all PE enrollment activities undertaken by this organization must be performed by an organization's employee or organization's designee. ☒ Yes ☐ No

*Contact Name *Contact Email

I would like to terminate my PE Qualified Provider status: ☐

Submit **Cancel**

Presumptive Eligibility for Pregnant Women

Presumptive Eligibility for Pregnant Women (PEPW) is a limited period of time during which a pregnant woman, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for ambulatory prenatal services.

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*Are you able to provide outpatient hospital, rural health clinic, or clinic services as defined in sections 1905(a)(2)(A) or (B), 1905(a)(9), and 1905(1)(1) of the ACT? ☒ Yes ☐ No
[Read More](#)

*Are you able to verify pregnancy via a professionally administered pregnancy test? ☒ Yes ☐ No

*Do you have internet, printer, telephone and fax access? ☒ Yes ☐ No

*Contact Name *Contact Email

I would like to terminate my PEPW Qualified Provider status: ☐

Submit **Cancel**

Summary

Clicking **Submit** completes the prequalification process and provides a tracking number.

Click **Exit** to return to the *Provider Maintenance* page or log out of the IHCP Portal.

The screenshot shows the Indiana Medicaid for Providers portal. The header includes the logo and navigation links: Contact Us, FAQs, and Logout. The main navigation bar contains links for My Home, Eligibility, Claims, Care Management, and Resources. The breadcrumb trail indicates the user is in the Provider Maintenance Tracking Information section. The page title is "Provider Maintenance: Tracking Information". The main content area states: "Your change request has been submitted and assigned the following tracking number: 1824". Below this, it provides instructions to retain the tracking number and use the Provider Maintenance Status page to check the status of the change request. At the bottom right, there is an Exit button.

Indiana Family & Social Services Agency
INDIANA MEDICAID for Providers

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources

My Home > Provider Maintenance Instructions > Provider Maintenance Tracking Information

Monday 01/09/2017 11:38 AM

Print Preview

To print tracking information click "Print Preview"

Provider Maintenance: Tracking Information ?

Your change request has been submitted and assigned the following tracking number: 1824

Please retain the tracking number for checking on the status of your change request. This change may require additional processes to verify data submitted. Use the Provider Maintenance Status page to check on the status of this change request.

Exit

Completed Process

When the prequalification process is complete, the provider immediately receives an automated email notification with their PE QP status. A Provider Relations field consultant will contact the prequalified QP within 10 business days to schedule IHCP Portal training.

The Provider Relations field consultant will also provide the QP with a link to the PE process training presentation.

After the IHCP Portal training is complete, the Provider Relations field consultant activates the provider's PE certification status with effective and end dates in *CoreMMIS*. The QP may then submit PE applications via the IHCP Portal and provide PE determinations to qualified individuals.



How to Locate a QP

After being certified, a provider's QP status is evident for members searching for an IHCP provider.

Provider Relations/ Customer Assistance

800-457-4584

IHCP website

1. Go to www.in.gov/medicaid/providers.
2. In the Provider Search section of the homepage, click **Provider Locator**. This link takes users to the provider search page.

Members can access the same Provider Locator by clicking **Find a Medicaid Provider** on the homepage of the member website at www.in.gov/medicaid/members.

The screenshot shows the IHCP Providers website homepage. At the top is a navigation bar with links: INDIANA MEDICAID for Providers, Provider Enrollment, Provider Resources, Provider Education, Business Transactions, Clinical Services, About IHCP Programs, and Contact Information. Below the navigation bar is a large banner for "IHCP Providers" with a search bar and a description: "The Indiana Health Coverage Programs (IHCP) offers providers easy access to the resources and tools needed to conduct business with Indiana Medicaid. Provider updates and announcements, important reference materials, and general program information are all available through links and web pages located on this website." Below the banner are several sections: "What's New?" with a link to "Read the Latest IHCP Update Email"; "IHCP News Items" with a list of recent news items; "Provider Healthcare Portal" with a "Portal Log-In" button; "Provider Search" with a "Provider Locator" button (highlighted with a red box) and a "QPR Search" button; and "Fee Schedules" with "Professional Fee Schedule" and "Outpatient Fee Schedule" buttons. On the right side of the page, there are two additional buttons: "Bulletins" and "Banner Pages".

Completing the Presumptive Eligibility Application

Medicaid Fraud

Medicaid Fraud is defined as the intentional deception or misrepresentation made by a person (either a provider or recipient) **with the knowledge that the deception could result in some unauthorized benefit.** This definition includes actions considered fraud under federal or state law.

This means that intentionally omitting information that would result in ineligibility from a PE application can be considered Medicaid fraud, especially if there is an identifiable pattern.

When we suspect fraud, we are required by *Indiana Administrative Code 405 IAC 2-3.4-3 Sec 3. (e)* to refer the provider to our Program Integrity team for investigation.



How the Presumptive Eligibility Process Works



CAUTION: The presumptive eligibility member application system is a live production environment. Providers should not create test cases and use the live application for training purposes. Per the provider's attestation during QP enrollment:

- The organization will not knowingly or intentionally misrepresent client information to inappropriately gain presumptive eligibility.
- Providers must not click SUBMIT multiple times on one application.



Log In to IHCP Portal

Using the IHCP Portal, a QP can guide an applicant through the PE process by following these steps:

1. The QP uses the Eligibility Verification Request feature in the IHCP Portal to verify that the individual is not already an IHCP member.
 - a. Log in to the IHCP Portal.



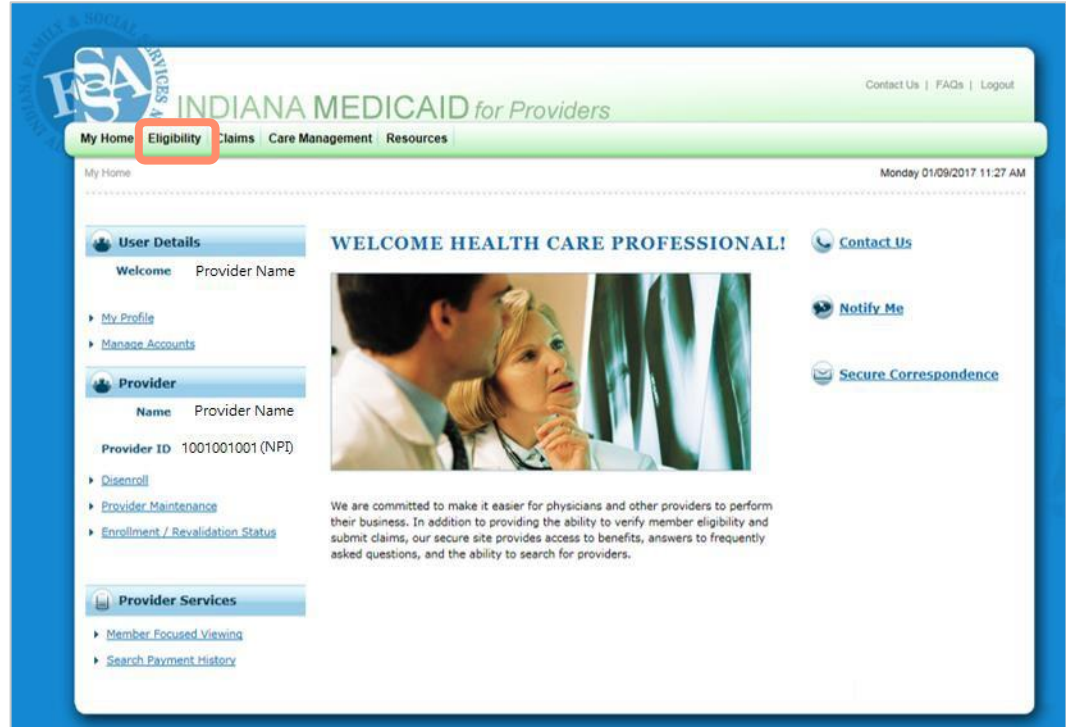
Note: Use correct facility provider ID when completing the PE application



Completing the PE Application Process

Using the IHCP Portal, a QP can guide an applicant through the PE process by following these steps :

1. The QP uses the Eligibility Verification Request feature in the IHCP Portal to verify that the individual is not already an IHCP member.
 - a. Log in to the IHCP Portal.
 - b. Click **Eligibility** in the menu bar.



Completing the Member Search

Using the IHCP Portal, a QP can guide an applicant through the PE process by following these steps :

1. The QP uses the Eligibility Verification Request feature in the IHCP Portal to verify that the individual is not already an IHCP member.
 - a. Log in to the IHCP Portal.
 - b. Click **Eligibility** in the menu bar.
 - c. Search for the member and the effective date or dates when the service will be provided (*Reminder: Only past/current dates can be seen.*)



The screenshot shows the 'Indiana Medicaid for Providers' website. The top navigation bar includes 'My Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. The 'Eligibility' section is active. Below the navigation bar, there is a header for 'Eligibility' with a date 'Wednesday 11/26/2014 12:41 PM EST'. The main content area is titled 'Eligibility Verification Request'. It contains a form with the following fields: 'Member ID', 'Last Name', 'First Name', 'SSN', 'Birth Date', 'Effective From', and 'Effective To'. The 'Effective From' field is pre-filled with '11/26/2014'. There are 'Submit' and 'Reset' buttons at the bottom of the form. A small icon of a pencil is visible in the bottom left corner of the screenshot.



NOTE: Eligibility can be verified via the interactive virtual assistant (GABBY), the IHCP Portal or 270/271 electronic transactions. However, the PE application may be completed *only* by using the IHCP Portal.

As a reminder, this is a required step and not optional-if you do not complete this step it will result in discrepancies that will hurt your metrics.

Result of Member Search

Using the IHCP Portal, a QP can guide an applicant through the PE process by following these steps:

2. If no active coverage is found for the individual, click the appropriate PE Application button.



NOTE: Depending on the member's and provider's information, the PE Application, PE Application for Pregnant Women and/or PE Application for Inmate buttons will be available.

Eligibility Verification Request

* Indicates a required field.

Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date.

Member ID

100100100100

Last Name

First Name

SSN

Birth Date

Effective From

11/02/2017

Effective To

11/02/2017

Submit

Reset

PE Application for Pregnant Women

PE Application

43

Requirement for Completion

Completing the PE application

Provide as much information as possible on the application. Required fields are marked with an asterisk(*).

Required fields:

- | | | |
|-----------------|------------------|---------------------|
| – First Name | – Indiana | – In Foster Care |
| – Last Name | Resident? | on 18 th |
| – Date of Birth | – Incarcerated? | birthday? |
| – Address | – Pregnancy? | – Do you live with |
| – City | – Number of | at least one |
| – Postal Code | people in family | child under 18 |
| – County | – U.S. Citizen? | years of age |
| – Gender | – Family Income | and are you the |
| | – Medicare? | main caretaker? |



Note: While it is not a required field, we strongly encourage using the Social Security number. We also recommend using full name as it appears on the SSN card. This will prevent creating duplicate Member IDs (or RIDs) and increase the percentage of your compliance metrics.

PE Member Application

* Indicates a required field.

Note: This Web Application will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free [Adobe Acrobat Reader](#) installed.

Identifying Information

*First Name M.I. *Last Name
*Date of Birth *Confirm Date of Birth Suffix

Address Information

Home Address
*Address
*City State Indiana *Postal Code *County

Mailing Address (if different than home address)
Address
City State Postal Code

Member Email

Phone Numbers

Home Phone Cell Phone

Other Information

SSN
Race
Ethnicity
*Gender
Marital Status
*Indiana Resident? ?
*Incarcerated? ?
*Pregnant?
*Number of people in family ?
*U.S. Citizen? ?
*Family Income ?
Pending Indiana application for health coverage? ?
Health Insurance Coverage (if applicable)? ?
*Medicare? ?
*In Foster Care on 18th birthday? ?
*Do you live with at least one child under 18 years of age and are you the main caretaker? ?

Disclaimer

☐ I attest that I have been trained to process applications for Presumptive Eligibility (PE).

[Submit Application](#)

Additional Requirements

Completing the Application for Presumptive Eligibility for Pregnant Women

If the QP is determining presumptive eligibility for a pregnant woman, the application will vary slightly. Provide as much information as possible on the application. Required fields are marked with an asterisk(*) on the IHCP Portal.

Required fields:

- First Name
- Last Name
- Date of Birth
- Confirm Date of Birth
- Address
- City
- Postal Code
- County
- Indiana Resident?
- Incarcerated?
- Pregnancy?
- Number of people in family
- U.S. Citizen?
- Family Income
- Medicare?



Note: While it is not a required field, we strongly encourage the use of the applicant's SSN to prevent duplication of PE and will assist in accuracy of metrics.

PE Member Application

* Indicates a required field.

Note: This Web Application will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free [Adobe Acrobat Reader](#) installed.

Identifying Information

*First Name M.I. *Last Name
*Date of Birth *Confirm Date of Birth

Address Information

Home Address
*Address
*City State: Indiana *Postal Code *County

Mailing Address (if different than home address)
Address
City State: Postal Code

Member Email

Phone Numbers

Home Phone Cell Phone
Work Phone Other Phone

Other Information

SSN

MCE Provider Directory:

Gender:

Marital Status:

Race:

Ethnicity:

*Indiana Resident? ?

*Incarcerated? ?

*Pregnancy?

*Number of people in family ?

*U.S. Citizen? ?

*Family Income ?

*Medicare? ?

Pending Indiana application for health coverage? ?

Disclaimer

☐ I attest that I have been trained to process applications for Presumptive Eligibility for Pregnant Women.

[Submit Application](#)

Presumptive Eligibility – Application Process Considerations

Presumptive Eligibility Considerations

Before clicking **Submit Application**, providers should carefully review all information with the patient to ensure that it has been entered correctly (check the spelling of the patient's name, correct date of birth and so on). After the application is submitted, the provider cannot make corrections.

QPs are required to aid applicants in complying with the IHCP regular application process (for example, documentation submission) for determining full eligibility.



NOTE: If the member's name, address, or date of birth is accidentally and inadvertently entered incorrectly during the member application process, the provider must contact the Presumptive Eligibility mailbox to have the information corrected. When submitting a request for correction to the PE mailbox please include all information needed. Please always include the PE and/or Eligibility Member ID (RID).

Presumptive Eligibility Best Practices

As a reminder, please remember to do the following for best search results.

- ✓ **Enter as much information as possible to find the existing Member ID (RID).**
 - ✓ This will help to not create duplicate Member IDs (RIDs) and benefits applicant is not eligible for.
 - ✓ Asking for applicant SSN and full legal name will increase the chance of not creating duplicate Member IDs for the same individual
 - ✓ This will also make sure that the existing Member ID will be linked to the IHCP application.
- ✓ **Be sure to ask applicant if they have recently applied for Medicaid before applying for PE.**
 - ✓ If the application is in process and denied-it will close the PE on that date of denial.
 - ✓ PE will not be extended.



Also, you should have the member complete the authorized representative form and select application only. This will ensure you are getting the notices from DFR and are able to follow the member from the beginning of PE coverage until a decision is made on the Medicaid application. All denials will count toward the facility metrics.



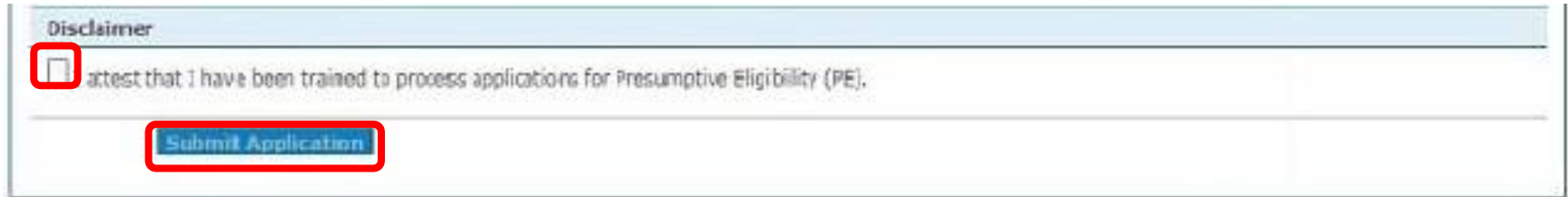
Note: There is no provision in federal regulations (42 CFR 435.1101, 435.1102, 435.1103) for removing PE due to error or mistake found later. **We will only be able to void PE if the person already has Medicaid, because Medicaid coverage is better coverage than PE.**

If a member is deemed PE eligible in error and is requesting PE be removed,-please instruct them to just not use the coverage.

Summary Review

Completing a Presumptive Eligibility Application

- Review the information in the application for accuracy.
- Click the attestation statement box in the Disclaimer section at the bottom of the application to enable the Submit Application button. When you are ready to submit the information, click **Submit Application**.



The screenshot shows a form section titled "Disclaimer" in a light blue header. Below the header, there is a text area with a small square icon to its left. The text reads: "I attest that I have been trained to process applications for Presumptive Eligibility (PE)." Below this text area, there is a button labeled "Submit Application". Both the square icon and the "Submit Application" button are highlighted with red rectangular boxes.

Reminder: Please make sure that the applicant remains with you while completing the PE application. You should be printing the applicant a copy of the acceptance letter and handing it to the applicant.

Presumptive Eligibility Determination

After you submit the application, an immediate determination is given in a pop-up window.

Follow the directions in the pop-up window:

- Print the summary page of information.
- Print the acceptance or denial letter.
- Close the pop-up.



Pregnant Women Approval and Denial Letters

PEPW Approval Letter Example

GAINWELL TECHNOLOGIES
PO BOX 50452
INDIANAPOLIS, IN 46250-0418

Mike Braun, Governor
State of Indiana
Indiana Health Coverage Programs
800-457-4584
www.in.gov/medicaid

Date: 4/3/2025



«mailtoaddress/name»
«mailtoaddress/streetaddress1»
«mailtoaddress/streetaddress2»
«mailtoaddress/citystatezip»

Your PEPW ID is: «mailtoaddress/pepwid»

Effective «letterdate/letterdate» to
«termdate/terminationdate» only.

Important Notice: You have been approved for
limited short term health coverage for pregnancy
services.
Take this form to all doctor visits.

Dear «mailtoaddress/name»

You have been approved for Presumptive Eligibility (PE) Pregnant Women Medicaid. **This is short term coverage that begins today and will end on «termdate/terminationdate», or until the date of eligibility determination based on your Indiana Application for Health Coverage.** You can only qualify for presumptive eligibility once per year or per pregnancy, and this coverage is temporary. In order to keep coverage, you must submit an Indiana Application for Health Coverage.

Your coverage includes Pregnancy related services such as:

- Visits to a doctor
- Lab work
- Prescriptions
- Transportation

This coverage does not include labor or delivery services. You must complete a full application and be approved for Medicaid in order to have those services covered.

Next Step

You must submit a full Indiana Application for Health Coverage in order to keep coverage. You should do this right away. You can submit an application:

- At the provider where you were found presumptively eligible;
- On-line at www.dfrbenefits.in.gov;
- Over the phone 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office

Because you are pregnant, there are many additional resources for you. The State Department of Health may call you to talk about these resources, or you can call MOMS Helpline at 1-844-MCH-MOMS (1-844-624-6667) to find resources available near you.

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care Connect •
Hoosier Healthwise • Indiana Pathways for Aging • Traditional Medicaid

Form ELG-PEPA-0

 Page 1 of 3

PEPW Denial Letter Example

GAINWELL TECHNOLOGIES
PO BOX 50452
INDIANAPOLIS, IN 46250-0418

Mike Braun, Governor
State of Indiana
Indiana Health Coverage Programs
800-457-4584
www.in.gov/medicaid

Date: 10/31/2025



«mailtoaddress/name»
«mailtoaddress/streetaddress1»
«mailtoaddress/streetaddress2»
«mailtoaddress/citystatezip»

Your denial ID is:
«mailtoaddress/pepwid»

If you have any questions regarding
this determination, you will need your
ID number for reference

Dear «mailtoaddress/name»,

It has been determined that you are not eligible for Presumptive Eligibility for Pregnant Women. The reason for your denial is («denialreason/reason»).

You may still complete an **Indiana Application for Health Coverage** if you believe you should be eligible, or you may apply for health coverage at the federal health insurance marketplace by visiting www.healthcare.gov.

To apply for Indiana Medicaid, you may complete and submit an application in the following ways:

- **ONLINE:** <http://www.in.gov/ssa/dfr/2999.htm>, "Apply for Benefits Online;" then click: "Apply for Health Coverage, SNAP, and/or Cash Assistance"; then check: "Health Coverage Application"; then click: "Apply online".
- **IN PERSON:** You can get help in completing an application in your area

You may also visit <http://www.in.gov/ssa/dfr/2999.htm> to find your local DFR office, or <http://www.in.gov/dofr/> to find a navigator in your county.

- **PHONE:** Call 1-800-403-0864, and complete an application over the phone.

If you have any questions about the application, please call the Indiana Family and Social Services Administration toll free at **1-800-403-0864** between 8 am and 4:30 pm EST Monday through Friday except State holidays.

Sincerely,

The Indiana Family and Social Services Administration

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care Connect •
Hoosier Healthwise • Indiana Pathways for Aging • Traditional Medicaid

Form ELG-PEPD-0

 Page 1 of 1

Approval and Denial Letters

PE Approval Letter Example

GAINWELL TECHNOLOGIES
PO BOX 50452
INDIANAPOLIS, IN 46250-0418

Mike Braun, Governor
State of Indiana
Indiana Health Coverage Programs
800-457-4584
www.in.gov/medicaid

Date: 4/2/2025



«Member/membername»
«Member/address1»
«Member/address2»
«Member/citystatezip»

Your PE ID: «Member/memberid»
Effective «Cover/effective date» to
«Cover/end date».

Important Notice: You have been approved for short term health coverage. You must complete an Indiana Application for Health Coverage to keep your health benefits. **Take this form with you if you seek medical care.**

Dear «Member/membername»,

You have been approved for Presumptive Eligibility (PE) Adult. **This is short-term coverage that begins today and will end on «Cover/end date», or earlier if you are denied coverage based on your full Indiana Application for Health Coverage.** You can only qualify for presumptive eligibility once per year, and this coverage is temporary. PE Adult coverage includes all the same benefits as HIP Basic, such as visits to a doctor, lab work, emergency services and prescription drugs.

If you have questions about your prescription drug benefits, you may contact Optum Rx at 855-577-6317.

Next Step

You must submit a full Indiana Application for Health Coverage to keep coverage. You should do this right away. You can submit an application in any of the following ways:

- At the provider where you were found presumptively eligible
- Online at www.fssaBenefits.in.gov
- Over the phone at 800-403-0864
- At a Division of Family Resources (DFR) local office (see www.dfrBenefits.in.gov for locations)

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care Connect •
Hoosier Healthwise • Indiana Pathways for Aging • Traditional Medicaid

Form ELG-HPED-O  Page 1 of 3

PE Denial Letter Example

GAINWELL TECHNOLOGIES
PO BOX 50452
INDIANAPOLIS, IN 46250-0418

Mike Braun, Governor
State of Indiana
Indiana Health Coverage Programs
800-457-4584
www.in.gov/medicaid

Date: 4/3/2025



«Member/membername»
«Member/address1»
«Member/address2»
«Member/citystatezip»

Dear «Member/membername»,

It has been determined that you are not eligible for Presumptive Eligibility (PE). The reason for your denial is:

«Member/denialreason»

Your Presumptive Eligibility (PE) ID number is: «Member/memberid»
If you have any questions regarding this determination, you will need your ID number for reference.

You may apply for Indiana Medicaid if you still believe you are eligible, or you may apply for health coverage at the federal health insurance marketplace by visiting www.healthcare.gov.

To apply for Indiana Medicaid, you may complete and submit an Indiana Application for Health Coverage:

- Online at www.dfrBenefits.in.gov;
- Over the phone at 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office.

Sincerely,

The Presumptive Eligibility (PE) Program

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care Connect •
Hoosier Healthwise • Indiana Pathways for Aging • Traditional Medicaid

Form ELG-HPED-O  Page 1 of 1

Child and Family Planning Approval Letters

PE Child Approval Letter Example

GAINWELL TECHNOLOGIES PO BOX 50452 INDIANAPOLIS, IN 46250-0418	Mike Braun, Governor State of Indiana Indiana Health Coverage Programs 800-457-4584 www.in.gov/medicaid
	
	Date: 4/3/2025

«Member/membername» «Member/address1» «Member/address2» «Member/citystatezip»	Your PE ID: «Member/memberid» Effective «» to «». Important Notice: you have been approved for short term health coverage. You must complete an Indiana Application for Health Coverage to keep your health benefits. Take this form with you if you seek medical care.
--	---

«Member/membername»

Has been approved for Presumptive Eligibility (PE) Children Medicaid. **This is short term coverage that begins today and will end on «Cover/enddate», or until the date of eligibility determination on your Indiana Application for Health Coverage.** You can only qualify for presumptive eligibility once per year, and this coverage is temporary. In order to keep coverage, you must submit an Indiana Application for Health Coverage.

This coverage includes all benefits covered under Traditional Medicaid, such as visits to a doctor, lab work, emergency services and prescription drugs. You can learn about all of the benefits at www.in.gov/medicaid.

Next Step

You must submit a full Indiana Application for Health Coverage in order to keep coverage. You should do this right away. You can submit an application:

- At the provider where you were found presumptively eligible;
- On-line at www.dfrbenefits.in.gov;
- Over the phone 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care Connect •
Hoosier Healthwise • Indiana Pathways for Aging • Traditional Medicaid



Form ELG-HPEC-O Page 1 of 3

PE Family Planning Letter Example

GAINWELL TECHNOLOGIES PO BOX 50452 INDIANAPOLIS, IN 46250-0418	Mike Braun, Governor State of Indiana Indiana Health Coverage Programs 800-457-4584 www.in.gov/medicaid
	
	Date: 10/31/2025

«Member/membername» «Member/address1» «Member/address2» «Member/citystatezip»	Your PE ID: «Member/memberid» Effective «» to «Cover/enddate». Important Notice: you have been approved for short term health coverage. You must complete an Indiana Application for Health Coverage to keep your health benefits. Take this form with you if you seek medical care.
--	--

«Member/membername»

You have been approved for Presumptive Eligibility (PE) Family Planning Services Medicaid. **This is short term coverage that begins today and will end on «Cover/enddate», or until the date of eligibility determination on your Indiana Application for Health Coverage.** You can only qualify for presumptive eligibility once per year. This coverage is temporary. In order to keep coverage, you must submit an Indiana Application for Health Coverage.

Your coverage is limited to family planning services intended to prevent or delay pregnancy. Your limited coverage includes:

- An annual family planning visit
- Birth control pills and devices
- Emergency contraceptives
- Condoms
- Initial diagnosis and treatment of sexually transmitted diseases
- Tubal ligation
- Vasectomies
- COVID-19 Testing
- COVID-19 Testing Related Services

Next Step

You must submit a full Indiana Application for Health Coverage in order to keep coverage. You should do this right away. You can submit an application:

- At the provider where you were found presumptively eligible;
- On-line at www.dfrbenefits.in.gov;
- Over the phone 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office

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Hoosier Healthwise • Indiana Pathways for Aging • Traditional Medicaid



Form ELG-HPEF-O Page 1 of 3

Next Steps After Presumptive Eligibility Application Approval

The QP should inform the PE member of their coverage, including:

- Limitations, such as covered/noncovered services, of the presumptive eligibility benefit package (especially Presumptive Eligibility Family Planning Services Only, Presumptive Eligibility for Pregnant Women and Presumptive Eligibility – Adult)
- There is a delay with pharmacy benefits (24-48 hours) to be seen in the IHCP Portal.
- The coverage period
- Guidance for how the provider will help the member complete the full *Indiana Application for Health Coverage*



Additional Information

The QP should inform the member of the coverage period and conditions.

- If the individual does file an *Indiana Application for Health Coverage*, the presumptive eligibility period lasts until a final eligibility determination from the Indiana Family and Social Services Administration (FSSA) has been made.
- If the individual does not file the full application, coverage ends the last day of the month following the month in which the presumptive eligibility status was granted.



Next Steps after Presumptive Eligibility Application Approval

Presumptive Eligibility Considerations

During the presumptive eligibility period, the eligible individual will be able to receive treatment from IHCP providers other than the QP. Members should present the PE Approval Letter as proof of eligibility.

Presumptive eligibility coverage begins the same day a QP determines an individual to be presumptively eligible.

Presumptive eligibility is terminated the last day of the month following the month in which the presumptive eligibility status was granted if no *Indiana Application for Health Coverage* is pending with the DFR.

Example

If an individual is determined presumptively eligible on July 14 and does not submit an *Indiana Application for Health Coverage*, the presumptive eligibility coverage will end August 31.



Completing the Presumptive Eligibility Application Process

It is imperative that the QP inform the individual of the need to complete the full application before the temporary eligibility period ends and provide information about how the applicant can do so.

As explained in the acceptance letter, the individual may complete the *Indiana Application for Health Coverage*:

- In person, at the location where the individual was determined presumptively eligible
- In person at a local [FSSA DFR office](#)
- Online through the [FSSA Benefits Portal](#) at fssabenefits.in.gov
- By phone with the DFR at 800-403-0864



Completing the *Indiana Application for Health Coverage*

Qualified PE organizations may apply to be authorized representatives or Application Organizations (AOs).

QP staff members or the QP's designee helping consumers complete the *Indiana Application for Health Coverage* also need to be certified as Indiana Navigators or designated as authorized representatives.

Only in those roles may the organization staff assist the presumptive eligibility participant with their *Indiana Application for Health Coverage*.

This does not apply to who can complete the PE application.



DFR Responsibilities

- The DFR makes all final eligibility determinations.
 - If the *Indiana Application for Health Coverage* is received by the DFR before the last day of the month following the month in which presumptive eligibility was approved, the individual's presumptive eligibility coverage will not end until the DFR's determination is completed.
 - This ensures that there is no gap in coverage.
- If the *Indiana Application for Health Coverage* is approved, presumptive eligibility is terminated on the day after IHCP benefits begin.
- CoreMMIS receives eligibility determinations and updates from the DFR on a daily basis.

Eligibility Verification System (EVS)

The EVS communicates information about presumptively eligibility members the day following the determination by the QP.

Information about the determination is available by using one of the three eligibility sources:

- [IHCP Provider Healthcare Portal](#)
(accessible from the homepage at in.gov/medicaid/providers)
- Interactive virtual assistant (GABBY) at 800-457-4584
- 270/271 transactions



Eligibility Verification in the IHCP Portal

Eligibility Verification Request

* Indicates a required field.
Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date.

Member ID Last Name First Name

SSN Birth Date

*Effective From Effective To

Type the member's information into the *Eligibility Verification Request* screen

[PE Application for Inmate](#)

Coverage Details for from 01/04/2019 to 01/04/2019			
Member ID		Birth Date	
Verification Response ID			
Benefit Details			
Coverage	Description	Effective Date	End Date
Presumptive Eligibility Adult	Mirrors HIP Regular Basic-No MRO services	02/05/2020	02/05/2020
Coverage	Description and Copayment Message		Copay Amount
Presumptive Eligibility Adult	Pharmacy - Copay amount is \$4 for preferred drugs and \$8 for non-preferred drugs. Please contact OptumRx for further information.		\$0.00
Presumptive Eligibility Adult	Emergency Services - No co pay for preventive services. Co-pay of \$4 on outpatient services and \$8 per non emergency ER vist. Outpatient copays are assessed as one co-payment per provider/per type of service/per day. Inpatient copay of \$75 per hospital stay.		\$0.00
Presumptive Eligibility Adult	Hospital - No co pay for preventive services. Co-pay of \$4 on outpatient services and \$8 per non emergency ER vist. Outpatient copays are assessed as one co-payment per provider/per type of service/per day. Inpatient copay of \$75 per hospital stay.		\$0.00

The benefit plan name appears in the Coverage column.

IHCP Presumptive Eligibility Standards

PE Income Chart

Caution: The PE member application system is a live production environment. Providers should not create test cases and use the live application for training purposes.

Monthly Income Maximum Amounts (Effective March 1, 2026)

Family Size	Parents/ Caretakers (HP)	213% FPL Infants (Under age 1) (HI)	163% FPL Children (Under Age 19) (HK)	138% FPL Adults (Ages 19–64) (HA)	213% FPL Pregnant Women (PN)	146% FPL Family Planning (HF)	Former Foster Care Children (Ages 18–25) (H1)
1	\$ 152	\$ 2,834	\$ 2,168	\$ 1,836	N/A	\$ 1,943	N/A
2	\$ 247	\$ 3,841	\$ 2,939	\$ 2,489	\$ 3,841	\$ 2,633	N/A
3	\$ 310	\$ 4,850	\$ 3,711	\$ 3,142	\$ 4,850	\$ 3,325	N/A
4	\$ 373	\$ 5,858	\$ 4,483	\$ 3,796	\$ 5,858	\$ 4,016	N/A
5	\$ 435	\$ 6,866	\$ 5,254	\$ 4,449	\$ 6,866	\$ 4,706	N/A
6	\$ 498	\$ 7,875	\$ 6,026	\$ 5,102	\$ 7,875	\$ 5,398	N/A
7	\$ 561	\$ 8,883	\$ 6,797	\$ 5,756	\$ 8,883	\$ 6,089	N/A

General Presumptive Eligibility Applicant Requirements

To qualify for Presumptive Eligibility, an applicant must:

- Be a U.S. citizen, qualified noncitizen or qualifying immigrant
- Be an Indiana resident
- Not be a current IHCP member, including Healthy Indiana Plan (HIP) or HIP “conditional” status
- Not be enrolled through the presumptive eligibility process (Presumptive Eligibility or Presumptive Eligibility for Pregnant Women) currently or within time-frame restrictions
- Not be currently incarcerated (see the [PE for Inmates](#) webpage for exceptions)
- Not be currently covered under Medicare
- Must meet the income level requirements specific to certain aid categories (see table above)

Additional Coverage Information

Presumptive Eligibility Period		Frequency Limitations
BEGINS – On the date a qualified provider (QP) determines an individual presumptively eligible for coverage through the IHCP ENDS – On the last day of the month following the month the individual was found presumptively eligible, unless the individual has filed an <i>Indiana Application for Health Coverage</i> with the Division of Family Resources (DFR) – in which case, PE coverage ends when the DFR has made an eligibility determination		Individuals receive presumptive eligibility with the following limitations: • Only one PE determination per rolling 12-month period • Only one PE determination per pregnancy
Presumptive Eligibility Benefits (All PE Benefits Are Fee-for-Service)		
Infants/Children	All covered services available under Package A - Standard Plan	
Parents/Caretakers	All covered services available under Package A - Standard Plan	
Former Foster Children	All covered services available under Package A - Standard Plan	
Pregnant Women	Ambulatory prenatal services, including the following items/services: doctor visits for prenatal care, prescription drugs related to the pregnancy, prenatal lab work and transportation to prenatal visits	
Family Planning	Family planning services only, such as: family planning visits, laboratory tests, limited health history and physical exams, pap smears, condoms, and birth control	
Adults 19–64	All covered services available under <i>HIP Basic</i> For more information about HIP covered services, visit the HIP website at in.gov/fssa/hip.	

IHCP Presumptive Eligibility (PE) Standards

Completing the Indiana Application for Health Coverage

All PE individuals must complete an *Indiana Application for Health Coverage*, which can be done as follows:

- At the provider where they were found presumptively eligible
- Online at the [Family and Social Services Administration Benefits Portal](https://fssabenefits.in.gov/bp/#) at fssabenefits.in.gov/bp/#
- Over the phone by calling 800-403-0864
- At a Division of Family Resources (DFR) local office (See the [Find My Local DFR Office](#) webpage.)

For More Information on Presumptive Eligibility

For more information, see the [Presumptive Eligibility](#) provider reference module available at in.gov/medicaid/providers.

The PE income standards update every March. To download the most up-to-date, please visit the [Presumptive Eligibility \(PE\)](#) webpage at in.gov/medicaid/providers.

Other Resources

QP References

QPs are encouraged to review the *Presumptive Eligibility* provider reference module for additional details about the program, such as:

- Information about navigators
- Determining family income
- Determining family size
- Eligibility examples

Acronyms

- FSSA – Family and Social Services Administration
- OMPP – Office of Medicaid Policy and Planning
- DFR – Division of Family Resources
- PE – Presumptive Eligibility
- QP – Qualified Provider
- IHCP – Indiana Health Coverage Programs
- HIP – Healthy Indiana Plan
- FPL – Federal Poverty Limit
- TANF – Temporary Aid for Needy Families
- FFS – Fee-for-service
- IAC – Indiana Administrative Code
- SSN – Social Security Number
- RID – IHCP Member ID (also known as RID)
- AR/AO – Authorized Representative/Application Organization

Questions

Do you have any questions about the topics covered today?

- Presumptive Eligibility Overview
- Covered Benefits
- Qualified Providers (QPs)
- How to Become a QP for PE
- Completing the PE Application
- Other Resources
- IHCP Presumptive Eligibility Standards

Please submit your questions to the presumptive eligibility mailbox at presumptiveeligibility@fssa.in.gov.

Thank You